LOBBYING EXPENDITURE REPORT COVERING JANUARY I THROUGH JUNE 30 DUB AUGUST 15	17/, Lubbyist's Registration Number
DUE FEBRUARY 15	FOR OFFICE USE ONLY Postmark Date: 1129 05
Instructions	[PA-
 Print in ink or type. Prill in Registration Number in spaces provided. Complete form and return to the Board of Fabirs, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808 (225) 763-8777 or (800) 842-6630. This form must be delivered or postmarked by the due date. This form may be faxed to (225) 763-8787. 	I.Pakata
1. Name Bourse Joe Wood Wood	<u></u>
2. Business Address 23332 Phothall Community 12d. Street and No. City Mailing Address Some	ILWA, JA. 70647 State Zip
3. Business Phone 337-582-7893 Area Code and Telephone Number	943 62 2063
4. Total of all expenditures made January 1 through June 30; \$ (Include expenditures from Schedules A and 19) ———————————————————————————————————	9795 72 1
 Total of all expenditures made July 1 (brough December 31: \$ (When Applicable) (bedude expenditures from Schedules A and B) 	
6. Total of all expenditures made during calendar year: \$(1.lnc 4 added with 1.inc 5 should equal time 6)	948. 67
7. Did ymi make an expenditure exceeding \$50 on one occasion for a	ny one legislator:
From January 1 through June 30? Yes No From July 1 through December 31? Yes No	@ NA
If the answer to either question in Number 7 above is YES, please of	omplete Schedule A and attach.
Funn 502, Rev. Nujur	

Page 1 of ___

LOBBYING EXPENDITURE REPORT

Familité, Roy. 10/02

[7] [Lobbyist's Registration Number

	From January 1 through June 30? From July 1 through December 31?	Yes Yes	☐ No	I	NA	
	If the answer to either question in Nu	imber 8 above i	s YFS, please co	mplete Sc	hedule A an	d attach.
9.	Did you expend funds for a reception, social gathering, or other function to which the entire legislature, either house, any standing committee, select committee, statutory committee, committee created by resolution of either house, subcommittee of any committee, recognized caucus, or any delegation thereof were invited during the reporting period?					
	☐ Yes		☑ No			
	If the answer to Number 9 above is 3	YBS, please co	inplete Schedule	is sind will	iCh.	
	If the answer to Number 9 above is 3	YBS, please co	mplete Schedule)3 9mg 4[[8	iCh.	
	If the answer to Number 9 above is 3	YBS, please co	mplete Schedule	12 SHG (11)	iCh.	
	If the answer to Number 9 above is 3	YBS, please co	mplete Schedule	is suid ¥ili\$	ich.	
		editional per extra de la constante de la const	OF ACCURACY		ich.	r
	<u>ĈEI</u>	RUFICATION	OF ACCURACY	<u>r</u>		E CONTROL OF CONTROL
	CEI I bereby certify that the information	CONTRIBUTED CONTRI	OF ACCURACY	<u>r</u>	best of my l	
	CES I hereby certify that the information information, and belief; that all re-	CITEICATION contained here eportable expen	OF ACCURACY in is true and conditures have be	<u>/</u> rect to the en_includ	best of my led herein; a	nd that no
	CEI I bereby certify that the information	CITEICATION contained here eportable expen	OF ACCURACY in is true and conditures have be	<u>/</u> rect to the en_includ	best of my led herein; a	nd that no
	CEI I bereby certify that the information information, and belief; that all reinformation required by the Lobbyi	CITEICATION contained bere portable expensi Disclosure /	OF ACCURACY in is true and conditures have be	rect to the en includ :50 et seg	best of my led herein; a	nd that no